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ABSTRACT

The Commonwealth's Executive Office of Elder Affairs (EOEA) regulates assisted living facilities in Massachusetts. Prior to active employment, all staff and contracted providers who have direct contact with residents must receive a six-hour orientation. Also, employees must receive on-going training and in-service education to reinforce the initial training. No clear passage exists as to who is responsible for the enforcement of these regulations and it appears that assisted living facilities stand alone in their responsibility to comply with the regulations. Included in this paper is a syllabus for a training course for all employees of the assisted living community. Section 1 includes the introduction, the essential principles of seniors' health care, and six strategies seniors can use to maintain or regain health. The second section encompasses specific health-related physical problems and health- related psychological problems. Section 3 covers common chronic diseases of seniors and interventions for staying healthy. Information is also included on a training video, a workbook and unit tests that accompany the course material. (Contains 14 references.) (Author/JDM)

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ELDER HEALTH AND RELATED PROBLEMS IN ASSISTED LIVING:

A Learning Module for Employees

By

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March, 2002

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INTRODUCTION

Most health care providers agree that health is more than the absence of disease. Health is the quality of life that allows for productivity, individuality, choice, dignity, and involvement within the potential of a person's own physical, psychosocial, and spiritual abilities. There are multiple factors contributing to the health status of individuals - many known, and perhaps others unknown.

> The life expectancy of our nation's people has increased. Americans are living longer and in greater numbers, reflecting a demographic reality that will surge in the 21st century as the baby boom generation ages. While it once seemed that health problems are inevitable in older age, there is conclusive evidence that many diseases can, in fact, be controlled or, even better, prevented. Thus, it is almost never too late to adopt healthy lifestyle habits.
>
> Positive changes in lifestyle have been shown to preserve function, delay or prevent the onset of disability, and improve the quality of life. The good news is that virtually all-older people can reap the benefits ... (National Administration on Aging email to dr-cole@attbi.com, dated 02/10/2002).

The health status of seniors in this nation has long been a concern of caregivers. Presently, demographic data, senior services, and the issues and concerns of seniors are studied at all levels of government and in the private sector. An online investigation for senior health information points the reader to myriad agencies, commissions, bureaus, administrations and national centers, such as the Administration on Aging, Agency for Health Care Policy and Research, and the National Institute on Aging. These forums supply fragments of elder health information and typically point the reader to other online sites for additional information. Even the Administration on Aging, perhaps one of the best sites from which to glean elder health information, does not adequately cover the subject.

Problem

The Commonwealth's Executive Office of Elder Affairs (EOEA) regulates assisted living facilities in Massachusetts. Besides being responsible for the application and certification procedures, the EOEA sets the standards for resident care in assisted living residences. The current regulations include staff orientation and ongoing in-service education and training requirements (651 CMR 12.00: Executive Office of Elder Affairs, Final Regulations. Effective January 12, 1996).

Prior to active employment, all staff and contracted providers having direct contact with residents, and all food service personnel, must receive a six-hour orientation, which includes the following topics:

General

- Philosophy of independent living in an assisted living residence;
- Resident bill of rights;
- Elder abuse, neglect and financial exploitation;
- Safety and emergency measures;
- Communicable diseases, including AIDA/HIV and Hepatitis B; infection control in the residence and the principles of universal precautions based on OSHA guidelines
- Communication skills;
- Review of the aging process;
- Dementia/cognitive impairment;
- Resident health and related problems;
- General overview of the job's specific requirements; and
- Sanitation and food safety.

Ongoing In-Service Education and Training

- A minimum of six hours per year of ongoing education and training is required for all employees.
- All employees and providers shall receive ongoing in-service education and on-the-job training aimed at reinforcing the initial training (CMR 12.07: Training Requirements, 1 & 2).

Upon contacting the Massachusetts Assisted Living Facilities Association (MASS-ALFA), the professional association for assisted living in the State, it was clear that the association had not addressed EOEA's resident health training requirement. MASS - ALFA markets and sells video-training tapes for employees in assisted living facilities; however, the videos do not cover all of the State-mandated training topics. Appendix A outlines the five-hour video training program, titled "Great Beginnings: An Orientation to Assisted Living and Eldercare." The program is excellent, but not comprehensive.

When the National Assisted Living Facilities Association (ALFA) was contacted for information on the health component, the representative conveyed that it was state-specific and encouraged the caller to contact MASS - ALFA. Assisted living administrators can wait and hope, toying with deficiencies, that MASS - ALFA will include the "seniors' health and related problems" component in a future video series, or, they can address the problem independent of the Association. The fact is, EOEA surveyors do not care that the Association has not kept current with the training regulations. It is safe to say that assisted living facilities stand alone in their responsibility to comply with the regulations. The subsequent solution and related recommendations may assist administrators in this endeavor.

SOLUTION AND RECOMMENDATIONS

The decision to move forward resulted in the development of a training program for all employees of the assisted living community. The "seniors' health and related problems"

course outline was sent to EOEA for their "stamp of approval." All employees, both new hires and those presently employed, must successfully complete the training. Should the MASS -ALFA or the National ALFA make the training available to assisted living facilities, it may be used in lieu of the course set forth here. It is remarkable that the EOEA surveyors offer no guidelines for developing the required seniors' health and related problems training. During a post-survey telephone conversation, an EOEA official communicated that the course should be facility-specific, or dependent on the elder population. Given the constant turnover of residents in assisted living communities (nationally, the average length of stay is 26 months), it made sense to develop a "comprehensive" orientation and ongoing inservice program. For example, today, a facility may have a large population of residents with dementia, but in a few weeks or months, the population may be largely residents with physical challenges.

The resultant course consists of three sections. Section 1 includes the introduction, the essential principles of seniors' health care, and six strategies seniors can use to maintain or regain health. This section should be adequate coverage of the required training topic at a general level. The second section encompasses specific health-related physical problems and health-related psychosocial problems. Section three covers common chronic diseases of seniors and interventions for staying healthy.

It is suggested that the course is appropriate for all levels of assisted living employees. If English is a second language for some employees, it is recommended that the course be offered in their primary language. Because the course is required training for all employees, including licensed nurses, it is recommended that the nurses conduct the training. Licensed nurses are familiar with the subject and amply qualified to teach it. This strategy meets the annual training requirement for all employees, including the nurses, in that they must review the material in order to teach it.

An error exists in the EOEA's list of required orientation and annual training topics (see CMR 12.07 Training Requirements, (1) General, B). The general topic "Resident Bill of Rights" should be changed to "Resident Rights." The "Resident Bill of Rights" is the approved title for the rights of residents living in nursing homes. The appropriate title for residents living in assisted living facilities is "Resident Rights." This error has caused many assisted living facilities to improperly orient and inservice staff to the rights of nursing home residents rather than the rights of assisted living residents. Furthermore, many assisted living facilities have received survey deficiencies from the EOEA for posting and using the "Resident Bill of Rights" rather than the "Resident Rights." The EOEA is responsible for perpetuating the error, nonetheless, holds facilities accountable for identifying and correcting the error. Incidentally, the EOEA has never acknowledged the error to date. It is conceivable that the first notification of the error to the administrator will be the EOEA citation for being out of compliance.

For many years to come, the survey focus will be on employee orientation and ongoing education and training. Even if the training goes beyond the regulatory agency's expectation, training must **always** be documented, otherwise, survey deficiencies are inevitable. Assisted living administrators must have an exhaustive comprehension of the

state regulations and position their facilities for success long before a survey is on the horizon. The "Resident Health and Related Problems" course is offered in its entirety in Appendix B.

MASS•ALFA

Massachusetts Assisted Living Facilities Association

Great Beginnings An Orientation to Assisted Living and Eldercare

A five-hour comprehensive training video with workbook and unit tests covering:

- The Philosophy of Assisted Living
- The Resident Bill of Rights
- The Aging Process: physical, social and psychological
- Elder Abuse, Neglect, and Financial Exploitation
- Communication Skills
- Cognitive Impairment
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B

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RESIDENT HEALTH AND RELATED PROBLEMS:

ASSOCIATE LEARNING MODULE: (3) 40 Minute Sections
Section 1 - Orientation
Section 2 & 3 - Ongoing Education & Training

Learning Objectives

1. **Identify the key principles of seniors' health-care**
2. **Identify five major ingredients of a healthy lifestyle for seniors**
3. **List the common physical health problems of seniors**
4. **List the common psychosocial health problems of seniors**
5. **Identify at least one action for each common health problem that seniors can take to stay healthier**
6. **List the leading chronic diseases of seniors**
7. **Identify the overall value of a healthy lifestyle for seniors**

Marriott Senior Living Services
391 Common Street
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(781) 407-7711 Telephone
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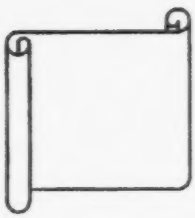
February 2002



REFLECTIONS ON ELDER HEALTH

How beautifully leaves grow old, How full of light and colors are their last days. - John Burroughs (1837-1921)

Remember, old folks are worth a fortune, with silver in their hair, gold in their teeth, stones in their kidneys, lead in their feet, and gas in their stomachs. - Author Unknown

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As for old age, embrace and love it. It abounds with pleasure if you know how to use it. The gradually declining years is among the sweetest in life, and I maintain that, even when they have reached the extreme limit, they have their pleasures still. - Seneca (3 BC - 65 AD)

I have become a little older now and a few changes have come into my life. Frankly, I have become quite a frivolous old gal. I am seeing five gentlemen every day. As soon as I wake up, WILL POWER helps me get out of bed. Then I go down the hall and see JOHN. Next, CHARLIE HORSE comes along and takes a lot of my time and attention. When he leaves ARTHUR RITIS shows up and stays the rest of the day. He doesn't like to stay in one place very long, so he takes me from joint to joint. After a busy day, I'm really tired and glad to relax with BEN GAY. - Author Unknown

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SECTION 1

Introduction

The life expectancy of our country's people has increased. Americans are living longer and in greater numbers, and this trend will increase drastically in the 21st century as the baby boom generation ages. While it once seemed that health problems were inevitable in older age, there is evidence that many diseases can be controlled or even prevented. Even for an assisted living resident, it is never too late to adopt healthy lifestyle habits.

Positive changes in lifestyle have been shown to preserve function, delay or prevent the onset of disability, and improve the quality of life. The good news is that virtually all of our residents can reap health benefits if they:

- Get most of their calories from carbohydrates like fruits, vegetables, whole grain breads and pastas;
- Eat low-fat, high-fiber foods;
- Drink plenty of fluids;
- Take vitamin and mineral supplements designed for seniors;
- Get regular medical and dental checkups;
- Socialize with other residents, family and friends;
- Enjoy a healthy love-life if possible;
- Put on sunscreen and wear sunglasses and/or a hat when outdoors;
- Limit alcoholic beverages to no more than one or two a day and stop smoking;
- Keep busy, try new things, and enjoy them-selves;
- Stay physically, mentally, socially and spiritually active;
- Maintain a positive outlook, take pleasure in everything they do, and do things that make them happy.

Key Principles of Seniors' Health Care

It is important for older adults, their families and their caregivers to understand the four key principles for ensuring that residents receive timely and appropriate health care and advise. The four principles are:

1. Sudden change comes from sudden problems such as a fall or new medication.
2. Gradual decline in mental status may not be Alzheimer's disease.

3. Medication use in the elderly is a major drug problem (substance abuse problem) in the United States.
4. Ageism attitudes can be harmful.

The typical senior citizen takes 4 to 6 medications and seniors living in assisted living and nursing homes take even more. Drug interactions can lead to problems like memory loss, incontinence, loss of appetite, impotence, and symptoms that mimic problems associated with aging. Experts suggest that rather than immediately blaming age if a senior acts a little differently, the medications they are taking may be the problem.

A patient one doctor treated many years ago was 95 years old. She complained of pain in her right knee. Shrugging her shoulders, she said to the doctor, "What do you expect at my age?" He asked her if her left knee had pain also. The patient said "its just fine." Puzzled, the doctor said "isn't your left knee just as old as your right knee?" The patient smiled and understood what the doctor meant.

The principle is that "ageism" attitudes can be harmful because everyone chalks up many ailments to aging, but they have nothing to do with aging and can be successfully treated. Good healthcare and good health habits are important throughout life. A look at athletes still competing in their sixties and seventies shows how healthy we can be, no matter what our age.

Even if our residents have not lived very healthy lives up until now, it is never too late to change, and never too late to benefit from those changes. If a resident has been overweight all his life, he can still reduce her risk of heart disease by losing weight now. A resident may already have wrinkles, but using sunscreen now will minimize future wrinkles and will help protect her from skin cancer.

It is interesting that our residents are often concerned about financial matters but forget that health planning may be even more important. They need to see their doctors for regular checkups, and take good care of themselves with balanced diet and enough exercise. Even small changes can make a big difference in their quality of life.

Staying Healthy

Nutrition

Neglecting nutrition is one of the most common health problems in older adults. Eating too many high-fat foods and not exercising is a combination that can lead to diabetes and heart/artery disease. Malnutrition increases the risk for contracting a number of medical conditions. It is important not to neglect our residents by ignoring their nutritional status. Some specific tips to use for helping our residents to maintain good nutrition are:

- Eat plenty of high-fiber foods like fruits, vegetables, beans, and whole grains.
- Cut down on high-fat foods.
- Consider taking a daily vitamin and mineral supplement (they should ask their doctor about it).
- Avoid using too much salt. They should season their food with spices that will not upset their digestion but will add flavor, like lemon juice or lemon pepper.
- Keep plenty of nutritious foods in their apartments to snack on.
- To keep bones strong, get plenty of calcium from milk, cheese and dairy products and exercise regularly.
- Ask their doctor for their ideal body weight and try to stay near that.

Hydration: Getting Enough Water

Getting enough fluids to drink does not sound like a problem, but for older adults, this may be a major concern. As people age, their thirst signal weakens. By the time people are 60 years old, if they only drink when they feel thirsty, they will not get all of the water they need. The problem is worse for our residents because they have even less of a sense of thirst so drink less than a 60 year old. Even if they are mildly dehydrated, they become constipated and have other problems.

- Tips to use to help your residents to stay hydrated are:
- Drink at least 8 to 10 (80-ounce) glasses of water and juice during and between meals.
- Avoid coffee, tea, and sodas with caffeine.
- Have more soup at their meals.

- Drink more fluids when they have had vomiting or diarrhea.
- Keep a glass of water near them to drink when watching TV or reading.
- Drink plenty of extra fluids after even doing mild exercises.
- Learn about medications they are taking that might cause water loss.

Some diseases affect our fluid intake. Residents should have their doctors determine the amount of fluids they should drink each day.

Exercise for Seniors

Many of the problems that people associate with "aging" are actually not due to aging at all. Instead, they are due to a lack of activity. In particular, deaths from heart disease could probably be reduced if all people participated in mild, regular exercise. Many people feel that it is dangerous to exercise after a certain age. Actually, it is usually much more dangerous not to.

Older adults who exercise in moderation tend to:

- Look Younger
- Feel better
- Have more energy
- Sleep better
- Have fewer medical visits and
- Stay more active in all areas of their lives.

Immunization

Immunizations are not just for children. They are also an important part of healthcare for older adults. Adults who have never been immunized for measles or mumps should be immunized, because these diseases can be devastating for older adults.

Pneumococcal pneumonia immunization protects older adults against bacterial pneumonia and it is recommended for everyone over the age of 65. An annual flu shot is recommended for all older adults. This is especially important for them because the flu can cause major complications, hospitalization, and death in those whose health was not good to start with. The best time for getting flu shots is from October through mid-November.

Tetanus immunization is recommended every ten years for adults, including for older adults. Their skin is thinner and they are more vulnerable to tetanus-infected cuts and puncture wounds.

Tuberculosis (TB) is a growing problem in the United States, especially among older adults. An infection affects the lungs and eventually other parts of the body. This infection can be passed from one person to the next. It is treated more easily if caught early. A TB test (called a PPD) should be done every year.

Medication

Older adults often have to take a number of medications. It is extremely important to keep track of medications and take them properly. Sometimes people are suspected of having Alzheimer's or other serious illnesses when they are actually having reactions to medications. This does not mean that they should stop taking medications for fear of side effects or interactions. It does mean that they need to be careful.

Here is some safety tips for our residents who take medications. They should always:

- Always let their primary care physician know when another doctor puts them on a new medication.
- Keep a list of all their medications and dosages with them at all time.
- Make sure they include all non-prescription or "over-the-counter" medicines on their list.
- Do not take "over-the-counter" medications without first asking their doctor.
- Never take a medication that was prescribed for someone else.
- Never stop taking medications suddenly without consulting their doctor.
- Let their doctor know if they drink alcohol, and ask what medicines it might interact with.
- If they have any unusual symptoms after starting a new medication, contact the doctor immediately. This includes physical as well as emotional or mental symptoms.

Sleep

It is common for older adults to experience changes in their sleep patterns. Older adults may feel rested after 3 or 4 hours, but may need to take a nap as the day wears on.

Insomnia or inability to sleep can be caused by a number of factors. These include illness, depression, some medicines, alcohol, caffeine, and nicotine. If an older adult is very overweight, they are more likely to have sleeping problems. All of these problems are treatable by a qualified health-care provider.

Older adults should never take over-the-counter sleeping aids without consulting their doctors first. Maybe the elder cannot sleep because of an underlying medical condition that needs to be treated.

SECTION 2
Health-Related Physical Problems

Constipation

The term constipation means difficult, incomplete, or infrequent passage of dry, hardened stool. It does NOT mean a person is unable to have a bowel movement. Constipation tends to be more of a problem as we age. However, age itself does not cause constipation. Constipation is usually caused by a variety of lifestyle factors including:

- Lack of enough fluid and fiber intake
- Ignoring nature's call
- Lack of exercise
- Medications

Urinary Incontinence

Urinary incontinence is the loss of bladder control or the leakage of urine. At least 1 out of 10 people age 65 or older suffers from incontinence. A condition rages from mild leakage to uncontrollable and embarrassing Setting. Urinary incontinence is a major health problem because it can lead to disability and dependency.

Incontinence does not happen because of aging. It may be caused by disease. For example, incontinence may be the first and only symptom of a urinary tract infection. Curing the infection may relieve or cure the problem.

Impotence

Most men will have problems getting or maintaining an erection as they age. The good news is that there are treatments available. The causes of impotence can be physical, psychological, or a combination of both.

One reason that older men are more likely to experience impotence is the fact that they are likely to have more problems that are physical and be on medications. Many medications can cause impotence.

The likelihood of impotence increases by drinking alcohol. Physical problems, such as diabetes, prostate problems, and heart disease, can also cause impotence. Older men should consult their doctors about problems with impotence.

Post-Menopause

Even older women should take hormone replacements. Loss of estrogen puts women at risk for serious health problems. These include heart disease, stroke, and osteoporosis. Heart disease is the leading cause of death for older women. It kills more women than lung and breast cancer combined.

Post-menopausal vaginitis is common but can be reduced with estrogen replacement therapy. Because the vagina is thin and easily torn due to a reduction in vaginal lubrication in post-menopausal women, it is more susceptible to damage from injury during sex or from infection. Vaginal injury can lead to irritation, discharge, or even bleeding. Thorough, gentle skin-care is essential. A physician should treat vaginitis. Replacing the missing estrogen, through whatever means, is the main treatment.

Sexually Transmitted Diseases

Older adults can still pass sexually transmitted diseases, such as herpes,

syphilis, gonorrhea, chlamydia, and HIV, to someone. They still need to wear latex condoms every time they have sex. Older adults in the United States represent 10% of all new AIDS cases every year.

Hearing

Hearing loss is one of the most common health problems of older adults. Because it does not cause pain and it is not visible, many elders refuse to admit they are "hard-of hearing." If an elder has to strain to hear a normal conversation, is turning up the volume on the TV or radio until others complain, they probably need a hearing test.

Vision

Most people over 65 have vision problems and need to have regular eye checkups. When older people hold the newspaper at arm's length, complain of headaches or "tired eyes" while reading or doing other close work, they probably would benefit from reading glasses.

Eye diseases and disorders common in older people include dry eyes, tearing, floaters (tiny spots or specks of black that float across the field of vision) cataracts, retinal disorders, conjunctivitis, corneal diseases, and eyelid problems.

Glaucoma is a disease that can lead to problems seeing and even to loss of vision. Early treatment - with medicine, surgery, or both - can prevent or delay blindness caused by glaucoma. Older adults are more likely to get glaucoma if they have diabetes, have a family history of glaucoma or are African American.

Most eye problems can be treated with medications and/or surgery. It is important to know that many older people have good eyesight into their 80's and beyond. Growing older does not always mean you see poorly.

Falls and Other Accidents

A surprising number of people are injured or killed in their own homes every year. The primary victims are children and older adults. Poor hearing, less accurate vision, poor balance, decreased grip strength, and the effects of

medication can all make older adults vulnerable to accidents in and around where they live.

Falls are especially dangerous for older adults who are much more likely to sustain a serious injury, such as a hip fracture. Following simple precautions can prevent most accidents and injuries.

Some good tips to avoid falls are:

- Use a walker or cane if balance is unsteady
- Install rails in bathrooms and next to stairs or ramps
- Use ramps instead of steps wherever possible
- Do not use throw rugs
- Do not wax the floors
- Install nonskid treads on stairs
- Install more lights and use higher watt light bulbs
- Use rubber nonskid strips in bathtubs and showers
- Limit or avoid drinking alcohol
- Is especially careful when taking a new medication.

Hip Fracture

A hip fracture is a break at the top of the thighbones, the femur. This happens in about 200,000 adults over the age of 65 every year. Hip fracture is more common in women than men. It happens because of osteoporosis.

Hip fractures are generally a result of falls, but can also be caused by cancer, paralysis, or kidney disease. Hip fractures can happen during regular daily activities. People with hip fractures may have pain in the hip or groin, or they might just have pain in the knee and not in the broken hip at all.

The best treatment for hip fractures is to prevent them in the first place. If the doctor approves, the older person should take calcium supplements, and do weight bearing exercise such as walking. Hormone replacement therapy for women past menopause makes a big difference too. Use of canes or walkers for people who are unsteady is essential. People should not sit in chairs that lean back too far, since getting up from these chairs can cause problems. Use the rails installed in showers, bathtubs, and staircases. Using a shower chair can also help avoid falls.

Surgery is usually needed after a hip fracture. Pins, nails, screws, or rods are used to repair fractures. About two-thirds of older adults are expected to return to their usual level of activity after surgery for a broken hip. If you suspect someone has a hip fracture, do NOT try to move the person, even if they seem very uncomfortable. Do NOT try to straighten the leg. You may cause more damage. Call 911!

Hypothermia

Hypothermia occurs when your body temperature falls below 95 degrees Fahrenheit. A poorly heated apartment in the winter can cause hypothermia in an older person. Alcohol use is a significant risk factor in hypothermia.

Hypothermia is a very dangerous condition and it occurs more in men than in women. It affects all of the organs of the body. The risk is higher if a person does not eat a balanced diet, has just been in an accident or has heart disease. Others at risk include people with liver and thyroid disorders. Hypothermia can also occur by being outside too long or being without proper clothing in very cold weather.

Symptoms of hypothermia include:

- Sluggishness
- Confusion
- Shivering
- Loss of control of fine finger movements
- Blue color of the fingers and toes
- Rigid muscles
- Possible coma
- Very cold skin

To avoid hypothermia, make sure people are dressed warmly and eat enough. Dry off when they get wet. About a quarter of our body, heat is lost from the head, so always wear a hat and scarf when it is cold. Use gloves or mittens in winter. Alcohol lowers the body's tolerance to cold, so avoid drinking alcohol before going out in the cold.

Health-Related Psychosocial Problems

Alcohol Abuse

Alcohol abuse in the elderly is a bigger problem that most people realize. Unfortunately, many older adults drink heavily with the reasoning that they have always done it and their health had not been affected. Many have no idea they may be destroying their health. For people on certain medication, it may be dangerous to drink any alcohol. Keeping balanced while walking or standing becomes more difficult with age and alcohol makes the problems worse. Falls and other injuries are more common with alcohol use.

Because reaction time slows with age, drinking causes mental confusion. Even physical signs as pain may be ignored when older adults falls or hurts themselves while drinking alcohol. All of these reasons can affect the person's safety and health.

Loneliness

Loneliness can be a particular problem for older adults. There are many reasons for this. Fortunately, there are many solutions, too.

Loneliness is not just being alone. A person can feel lonely even if people surround them. Loneliness means feeling isolated. It leaves you feeling sad or afraid. A person may feel lonely because they are:

- Grieving over a loss, especially the death of a spouse or friend or family member
- Feeling misunderstood, unloved, or useless or
- Spending too much time alone.

An older person usually tries to cope with grief all by him or herself. The older people get, the more likely it is they will lose a friend or a relative. New losses can bring up memories of old ones. Grief support groups help, and sometimes just talking to someone their own age that really understands helps.

Older adults have wonderful abilities to share with others. Skills that are taken for granted may be just the ones the community is looking for. Volunteering is a great solution for a resident who feels lonely.

Anxiety

Anxiety is a widespread chronic problem among the elderly. Many people may not think about stress as being part of the lives of older adults. They are supposed to "take it easy and relax." Stress, which causes anxiety, may result from any of the following concerns:

- Financial problems
- Family problems
- Health and disability problems
- "Red-tape" problems from dealing with agencies or residential homes
- Grief or loss, and
- Boredom

Older adults feel less and less in control of their environment. It is important to realize that even good, positive changes like moving into an assisted living community can lead to anxiety. Long-term stress can have negative effects on physical health too, such as sleep problems, tense muscles, high blood pressure and heart disease.

Some techniques for dealing with elder stress include regular exercise, hobbies, massages, meditation or relaxation exercises, music, good social life, support groups, and cutting down on their medications or alcohol consumption.

Depression

Depression is common. As many as 4 people will suffer from depression at some time. Depression often occurs in people with severe health problems, such as heart disease or Parkinson's. It is more common in women than men but can affect anyone at any age. Depression often runs in the families.

Unfortunately, depression is sometimes neglected or misdiagnosed in older adults. The diagnosis of depression is a significant one and should be made

by a healthcare professional as soon as possible. Here are the warning signs of depression in older adults:

- Weight loss and disinterest in food
- Sleep problems, especially early morning awakening
- Irritability and loss of concentration
- Lack of energy
- Loss of interest in family, friends, or activities
- Suicidal thoughts
- Frequent crying or unable to cry even when sad
- Slowing physically.

There are many treatments available for elder depression. The two main treatments are psychotherapy and medications. Some people will need to take medications for the rest of their lives, but many people can be stabilized and then the medication can be stopped. There are new antidepressants that have very few side effects and that usually work well for older adults.

Delirium: Acute Confusion

Delirium is a term used to decide a change in thinking or consciousness that develops over a few hours or days. Delirium is not a disease although it is a health problem related to elders. It develops as a result of a medical condition. Sometimes it is referred to as "acute confusion." Acute means that it happens suddenly and acute delirium should never be considered part of normal aging.

A delirious person seems less aware of what is going on around him or her. Their attention wanders and they are easily distracted. Memory may be affected. They may have trouble speaking or understanding what others say. They may be confused about where they are or what time of day or year it is. Things may be seen or heard that are not there. Older people with delirium may have mood swings and become frightened. Sometimes they will try to run away.

Delirium has many different causes. These include:

- Severe infections and high fevers
- Dehydration

- Diseases of the kidney or liver
- Lack of certain vitamins
- Seizures or lack of oxygen
- Head injury and reaction to medications or alcohol.

SECTION 3
Chronic Disease

In order of importance, the 7 leading causes of death for people aged 65 and older are: heart disease, cancer, stroke, chronic obstructive pulmonary disease (COPD), pneumonia, influenza (flu), diabetes, and unintentional injuries like falls.

Other chronic diseases related to aging are: nephritis (kidney), septicemia (blood poisoning), hardening of the arteries, liver disease, arthritis, high blood pressure, dementia (especially Alzheimer's disease), osteoporosis, depression, and Parkinson's disease.

Heart Disease

Too much cholesterol can clog blood vessels and is a major cause of heart disease. Cholesterol levels start to increase in middle-aged men, in women just before menopause, and in people who have gained weight. The risk of heart disease is significantly increased in older adults. There are medications available for lowering cholesterol. Eating the right foods, losing extra weight, and being physically active can lower cholesterol levels.

High blood pressure can lead to heart disease, stroke, and kidney disease. Scientific evidence has shown that eating healthy foods and being active are two ways to keep blood pressure under control. Many older adults need to take medicine to keep their blood pressure at healthy levels.

Stroke

As people age, they are more at risk of having a stroke. To help prevent a stroke, identify and minimize risks. Some of the risk factors for stroke are:

- Age over 70
- Elevated blood cholesterol

- High blood pressure
- Heart disease
- History of smoking
- Diabetes
- Blockage in the arteries leading to the brain
- Family history of stroke
- Male
- Obesity

Symptoms of stroke include:

- Visual disturbances
- Difficulty speaking
- Difficulty walking or controlling an arm, leg or one side of the body
- Facial weakness or difficulty swallowing
- Weakness or numbness of an arm, a leg, or one side of the body and
- Unusual behavior with no apparent cause.

Cancer

As women get older, their chances of getting breast cancer increases. In fact, most breast cancers occur in women over the age of 50. All older women should have a mammogram every 1 to 2 years.
Cancer of the cervix can be prevented if the cancer is found and treated early. A woman's doctor may suggest stopping Pap tests when they are age 65 and older and have had regular, normal Pap tests or if they have had a hysterectomy.

Colon cancer is the second leading cause of death from cancer. Older men and women are more likely to get colon cancer than younger people are. Effective tests are available to find colon cancer; however, many people do not take advantage of these tests. They are:

Fecal Occult Blood Test - to test for small amounts of blood in the stool. This test should be done yearly.

Sigmoidoscopy or Colonoscopy - to look inside the rectum and colon using a small, lighted tube. This test should be done every 5 to 10 years and more

often if the person has had polyps, or if they have family members with cancer of the colon, intestine, breast, ovaries, or uterus.

Prostate cancer is most common in older men, in African Americans, and in men with a family history of prostate cancer. Tests such as a rectal exam and a blood test can help detect prostate cancer. Unfortunately, based on research, it is not yet clear whether these tests save lives.

Skin cancer is the most common type in the United States. Older adults are most likely to be diagnosed with skin cancer. Most skin cancers can be cured, especially if they are found and treated early. People should see their doctors for exams if they have many moles (large freckles) or they have been in the sun a lot. People can help to prevent skin cancer by limiting the amount of time they spend in the sun, especially between the hours of 10:00 am and 3:00 PM. Moreover, wear clothing that protects them from the sun.

Oral or mouth cancer includes cancers of the lip, tongue, throat and mouth. Usually it occurs in people who are older and who used tobacco or drank alcohol. People who were in the sun a lot also are at risk for cancer of the lip. A dentist can look for signs of oral cancer during regular dental checkups.

Diabetes

Diabetes (high blood sugar) can lead to problems with vision, kidneys, and how well blood circulates in the body, especially to the lower legs and feet. Older people who have diabetes have type 2 diabetes, the kind that tends to come in middle age. Almost 1 in 5 people age 65-74 have diabetes.

If an older adult had diabetes, they need regular checkups, tests and vaccinations from their doctors. They must have eye and dental exams. Blood pressure and cholesterol checks. Blood sugar (glucose) checks and yearly flu shots.

Foot care is very important for people with diabetes. The disease can lower blood supply to the legs and feet and reduce feeling. They need to check their feet every day and watch for any redness or patches. Sores, blisters, breaks in the skin, infections for buildup of calluses should be reported right away to a podiatrist or family doctor.

Skin care is important too, because people with diabetes may have more injuries and infections. They should protect their skin by keeping it clean, using skin softeners to treat dryness, and take care of minor cuts and bruises.

Teeth and gums need special attention to avoid serious infections. People with diabetes should tell their dentist about their condition and schedule regular checkups.

Diet is very important to lowering blood glucose levels. In planning a diet, the doctor considers the person's weight and daily physical activity. Exercise is very important because it helps the body burn off some of the excess glucose as energy. Taking pat in a regular fitness program has been shown to improve blood glucose levels in older people with high levels.

Diabetes is a self-help disease. If they have diabetes, they need to stick to a diet plan, monitor their blood sugar, exercise regularly, take prescribed medication, and make health lifestyle choices. Strict blood sugar control is their best defense against the serious complications of diabetes.

Parkinson's Disease

The symptoms of Parkinson's disease result from the breakdown of nerve cells in the mid-brain and the substances produced by those cells. Parkinson's progressively destroys physical movement, coordination and speech, and ultimately leaves its victims incapable of caring for themselves.

More specifically, Parkinson's is a disorder of body movement. It afflicts people of both genders and all ethnic groups equally. Because the disease is progressive (keeps getting worse), it may ultimately become debilitating. Without adequate treatment and support, people with Parkinson's may tend to become depressed and withdrawn. However, with modern drug treatment and community support, such isolation is unnecessary.

Arthritis

There are over 100 different types of arthritis. The good news is there are many steps that can be taken that directly or indirectly to improve a person's health, outlook, and pain level or can generally make life with arthritis a little easier. They include:

- Pay attention to symptoms, see the doctor and get an accurate diagnosis.
- Treatments such as medication, weight management, exercise, use of heart or cold, and methods to protect joints from further damage.
- Avoid excess stress on joints. Use larger or stronger joints to carry things.
- Use assistive devices to make tasks and work easier.
- Exercise helps lessen pain, increases range of movement, reduces fatigue and helps people feel better overall. A consultation with a physical therapist to learn the correct strengthening exercises is necessary.
- Vitamin C can reduce the risk of arthritis and its progression.
- Build your understanding about arthritis. Information is power.
- Stay out of the sun. Arthritis medications make people more vulnerable to the rays of the sun.
- Do not stop taking the medication prescribed by the doctor because it takes weeks - or even months - for the full benefits of a medication to become apparent. In addition, some side effects ease over time.
- Toss those fashionable pumps. A well padded, well fitting shoe with plenty of room for toes is the way to go.
- A warm bath before bed can relieve muscle tension, eases aching joints and help a person get a good night's sleep.
- Find a certified massage therapist and have a good rub down. A massage decreases pain, increases circulation, energy and flexibility.
- Exercising in the water can build strength and increase range of motion, while the buoyancy of the water reduces wear and tear on sore joints.
- When joints are hot and inflamed, applying something cold can decrease pain and swelling by constricting blood vessels and preventing fluids from leaking into surrounding tissues.
- Appeal to a higher power. No one knows exactly how, but research is showing that spiritual belief and prayer can help people feel better physically and emotionally.

Osteoporosis

Osteoporosis is a condition in which the bones break easily. About 70% of fractures in older people are related to osteoporosis. It is more common in women than in men. The loss of hormones that occurs after menopause causes their bones to become less dense, or thinner, and therefore more prone to breaking.

Older women can help prevent osteoporosis by:

- Doing weight-bearing exercises, such as walking, stair climbing, yoga, and lifting weights
- Getting enough calcium every day, and
- Taking hormone replacement therapy.

Periodontal Disease

Periodontal disease is an infection of the gums and other tissues that support the teeth. Risks for periodontal disease include:

- Lack of daily, thorough oral hygiene
- Not going to the dentist to have teeth cleaned often enough
- A poorly balanced diet
- Medications, especially those that cause dry mouth
- Medical conditions such as diseases like diabetes and some cancers.

Dementia

Dementia is a term for a loss of ability in memory. It can cause problems with motion, speech, organization, and recognition of people and places. What ability is affected and when, depends on the cause of the dementia. Dementia is the correct term for what used to be called senility and organic brain syndrome. Dementia's are more common among the elderly, but can develop when people are in their forties or fifties. There are dozens of medical problems that can cause dementia and many are treatable, while others are not.

The most common cause of dementia is Alzheimer's disease. Few people get this before age 50. By age 65, about 3 percent of people have this disease. By age 85, over 20 percent of people have Alzheimer's. Usually this slow process begins with people having trouble learning new things or forgetting very recent events. It then steadily gets worse over several years. Alzheimer's patients usually die within ten years. There is no medical test for Alzheimer's. If someone is diagnosed, they should get a second opinion. Experts suspect that as many as half of those diagnosed with Alzheimer's may actually have something else. Over-medication, dehydration, and

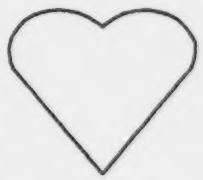
depression can all look like Alzheimer's in an elderly person. All of these are treatable.

Other types of dementia are usually easier to diagnose. The second leading cause of dementia is stroke. Many times, people will recover some functioning when they have dementia following a stroke. It is important that a stroke victim get medical treatment as quickly as possible, to reduce possible damage. Other causes of dementia include Parkinson's disease, Huntington's disease, and AIDS.

Conclusion

Old age creeps up on a person like a thief in the night. For ourselves as we age, and for our residents as we help them to keep caring for themselves, remember this:

- Keep yourself clean.
- Exercise regularly and moderately
- Eat a little less, but be sure the food is well balanced and nutritious
- Take a sensible approach to dieting if you are overweight
- Eliminate all bad habits
- Fight back at sickness and disease
- Maintain a good mental outlook at all times
- Do useful work for the fun of it and sometimes for pay
- Go places, if possible, and whenever possible
- Write letters to relatives and friends or call them
- Maintain your hobbies and get some new ones
- Read good books
- Get involved in community activities, especially games
- Avoid negative daydreaming about the past
- Monitor your attitudes by keeping a daily journal
- Enjoy your family and friends
- Keep practicing your faith
- Get in touch with nature
- Speak a good word, do a good deed, or think a good thought
- Never give up your hopes for the future
- Don't let yourself get bitter or mean
- Fight off death to the very end



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